

Request for Tax Clearance Certificate — Corporations

CALIFORNIA FORM

3555

Corporation name		California corporation number	
Current address	Phone number ()	Federal employer identification number	
Date business commenced in California:	Date business ceased or will cease in California:	Latest income period for which a California tax return has been filed:	Date filed:

We will issue a tax clearance certificate when all taxes have been paid or secured. All returns remain subject to audit until expiration of the normal statutes of limitation.

Please indicate the status of ANY IRS activity:

Has the IRS redetermined the corporation's income tax liability for any prior years that you have not previously reported to us? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, send us a copy of the Revenue Agent's Report.</i>	Is the IRS currently examining the corporation or has it notified the corporation of a pending examination? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate the years involved:</i> Current examination: _____ Pending examination: _____
---	---

Complete pages 2 and 3 of this form for an individual or other entity assumption of tax liability. Complete page 4 for a corporation, limited liability company, or limited liability partnership assumption of tax liability.
If we are to issue the tax clearance certificate on a taxes paid basis, please check this box and provide a copy of your final tax return. ☐

Supplemental Information. Please furnish the following information if another corporation will continue to conduct the business in California after the merger of the original corporation.

Name of transferee	California corporation number of transferee
	Federal employer identification number
Date assets transferred to transferee	Section of the Internal Revenue Code applicable to the transfer of taxpayer's business or assets: _____

If we are to mail the tax clearance certificate to somewhere other than the corporation listed above, please complete the following: *(We will send a copy of the tax clearance certificate to the Secretary of State.)*

Name	
Address	
	Phone number ()

Mail completed form to: **DOCUMENT FILING SUPPORT UNIT
SECRETARY OF STATE – BUSINESS FILINGS
1500 11TH STREET
SACRAMENTO CA 95814**

For more information concerning this form, telephone the Franchise Tax Board at (916) 845-4124.

Assistance for persons with disabilities: We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments, call: from voice phone (800) 735-2922, or from TTY/TDD (800) 822-6268.

Please complete Section A or B below.

A. INDIVIDUAL ASSUMPTION OF TAX LIABILITY

Corporation name		California corporation number
Current address	Phone number ()	Federal employer identification number

I unconditionally agree to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, all tax returns and data required and to pay in full all accrued or accruing tax liabilities, penalties, interest, and fees due from the above named corporation at the effective date of dissolution or surrender.

My net worth (assets minus liabilities) is not less than: \$ _____ .

(We require a detailed financial statement [PAGE 3].)

Name of individual assumer (print)	Social security number
------------------------------------	------------------------

Address	
	Phone number ()

Date	Signature
------	-----------

B. TRUST ASSUMPTION OF TAX LIABILITY

Corporation name		California corporation number
Current address	Phone number ()	Federal employer identification number

This trust unconditionally agrees to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, all tax returns and data required and to pay in full all accrued or accruing tax liabilities, penalties, interest, and fees due from the above named corporation at the effective date of dissolution or surrender:

(We require a detailed financial statement [PAGE 3].)

Name of trust	Trust federal identification number
---------------	-------------------------------------

Address	
	Phone number ()

Date	Trustee's name (print)
	Trustee's signature

FOR PRIVACY ACT NOTICE, SEE FORM FTB 1131.

FINANCIAL STATEMENT FOR INDIVIDUAL OR OTHER ENTITY

Corporation name

Corporation number

Statement of Assets and Liabilities

Item	Present value (A)	Liabilities balance due (B)	Equity in asset
Cash			
Bank accounts			
Stocks and bonds			
Cash or loan value of insurance			
Household furniture			
Real property			
Vehicles			
Other assets (describe)			
Federal taxes outstanding			
Loans			
Other (include judgements)			
Net assets (Total column A less total column B)			\$

General Information (Please attach additional schedules if necessary.)

Net annual income

Source (name of business or employer)

Banks and savings and loan accounts (names and addresses)

Description and license number of each vehicle

Stocks and bonds (name of company, number of shares, etc.)

Real property (brief descriptions and locations)

I certify that the information above is correct to the best of my knowledge.

Assumer's name (print) _____

Assumer's address _____ Phone number () _____

Assumer's signature _____ Date _____

CORPORATION, LIMITED LIABILITY COMPANY, OR LIMITED LIABILITY PARTNERSHIP ASSUMPTION OF TAX LIABILITY

The Assumption of Tax Liability

of (1) _____)

_____ A corporation)

California Corporation number, Secretary of
State file number, or federal employer
identification number

by (2) _____)

_____ A corporation, limited liability company, or limited liability partnership)

California Corporation number, Secretary of
State file number, or federal employer
identification number

(Name of assumer) _____ unconditionally
agrees to file with the Franchise Tax Board all tax returns and data required and pay in full all tax
liabilities, penalties, interest and fees of (1) _____

_____ ; at the
effective date of dissolution or surrender of the corporation.

(2) _____
Exact corporation, limited liability company, or limited liability partnership name

Printed name and title of officer/manager/partner/member

Signature and title of officer/manager/partner/member

State of _____

County of _____

On _____ before me, the undersigned, a notary public in and for
said state, personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s)
whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the
instrument the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

Name _____
(typed or printed)

Note: LLC, LLP, and corporation assumers must provide a financial statement.